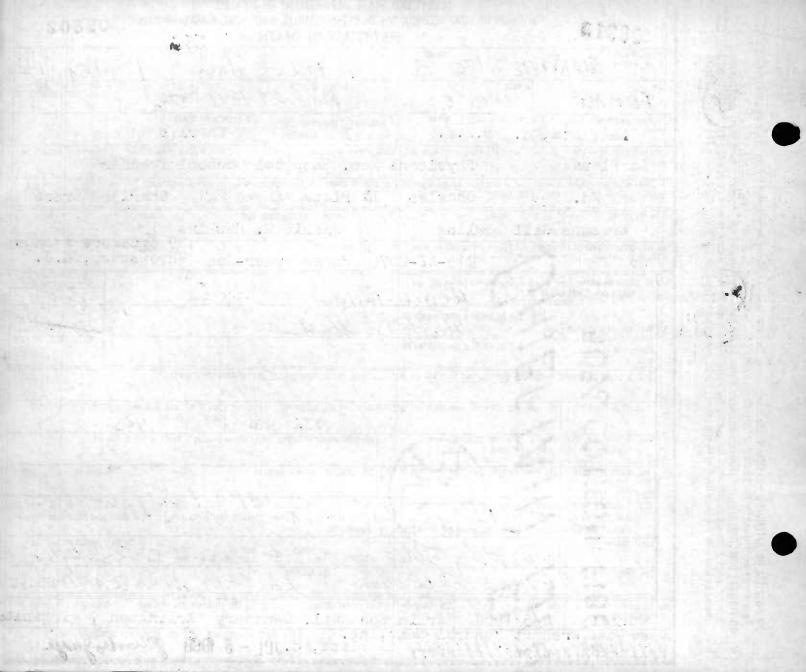
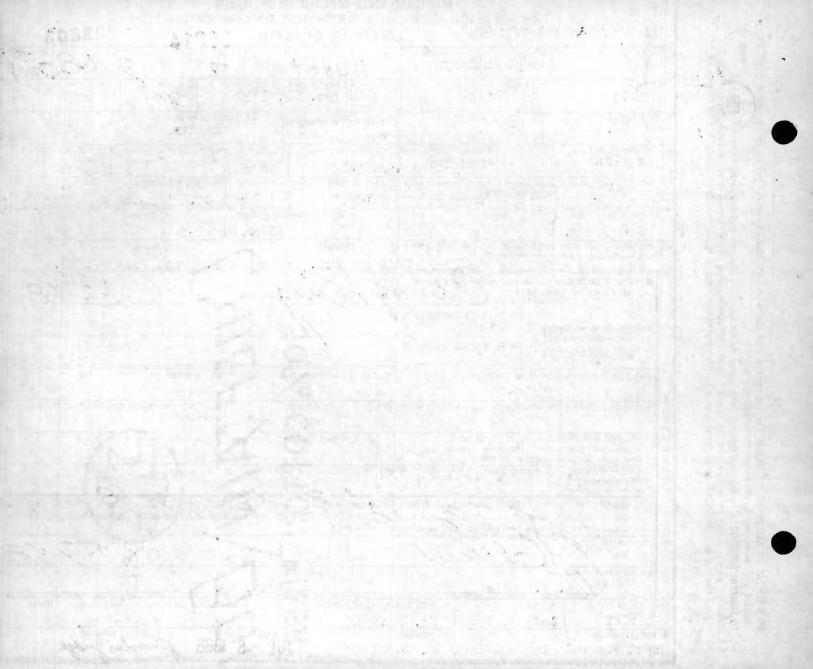
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201			
FOR STATE	Item#13a, b,c,e,FilmGMEDICAT, EXAMINER'S CERTIFICATE OF DEATH			
HEALTH DEPT.	1. DECEASED-NAME J First Middle Jost J 2a. DATE KNOWN Month Day Year 2b. HOND			
.× 0 0 0 0 0	(Type or Print) RAVICE JOONF DEATH MATED 728 6811			
370 E	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c, DATE PRONOUNCED DPAD 2d HOUSE			
9 E 39 E	De S - 15-19 (30 byrdad) Months DAYS HOURS MIN. Manth Day, 28 Year 68 1/35			
D 200	70. BIRTHPLACE (Stole or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH 9. COUNTY OF DEATH			
De B	(country) Maryland U.S.A. WIDOWED DIVORCED DIVORCED MARKET - M			
th iges h far tote	10. CITY OR JOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR			
deoth with with	during most of working life, even if retired.) INDUSTRY			
- × 5 + . · · ·	13a- OSUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER			
s ofter 18. Gir along with death.	Nedmisspoi) a STATE 136. COUNTY nce George Upper Marlboxes No Box 2445			
	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost			
	Thomas L. Boone Unknown			
cili in poges hours				
	166. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) Unknown (If yes give wor or dates of service) Unknown			
P.E. G. IE.	APPROXIMATE INTERVAL			
executed inding in Medical permit.	PART I. DEATH WAS CAUSED BY:			
xec ndin Med per per	MMEDIATE CAUSE (o) Proceedings of The Company of th			
d be executed d "pending" in Chief Medical E fronsit permit. F y event within	(Canditions, if any, which gave)			
	rise to immediate couse (a), stating the underlying couse DUE TO, OR AS A CONSCOUENCE OF			
should be execute e word "pending" the Chief Medical nurial-tronsit permit.	lost 8334 (c) Wella accident A18-68			
	PART FOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1997			
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certification or war used movo	196. CONDITION 196. CONDITION FOR WHICH OPERATION 20. AUTOPSY?			
his cate, ye for e for rem	YES □ NO □			
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DEPUTY SICAL R cessary, please exect e funeral director. Po may be retained for FUNERAL DIRECTOR: colth prior to burial	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner			
Jaired Jired Tain tain to to	CHIEF MEDICAL EXAMINER			
y, ple y, ple rrol di oe reto AL DI prior	ACTUAL SIGNATURE ADDRESS ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED			
DEPUTY cessary, e funerol moy be FUNERAL olth pri	EXAMINER'S DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER			
	NAME (Typé) ADDRESS(Street, city, town, or county)			
ひっまってま	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)			
	BURIA 8-1-08 M.C. UILLE WASHINGTON, D. U.			
VD 43545 (5)	24. FUNERAL DIRECTOR ADDRESS 256 REGISTRAR 256. REGISTRAR'S SIGNATURE			
VR A15ME (5) 10M REV. 1/68	Mollows Turnse lane ME MANG 1 1968 schooles Jusque			

MARYLAND STATE DEPARTMENT OF HEALTH

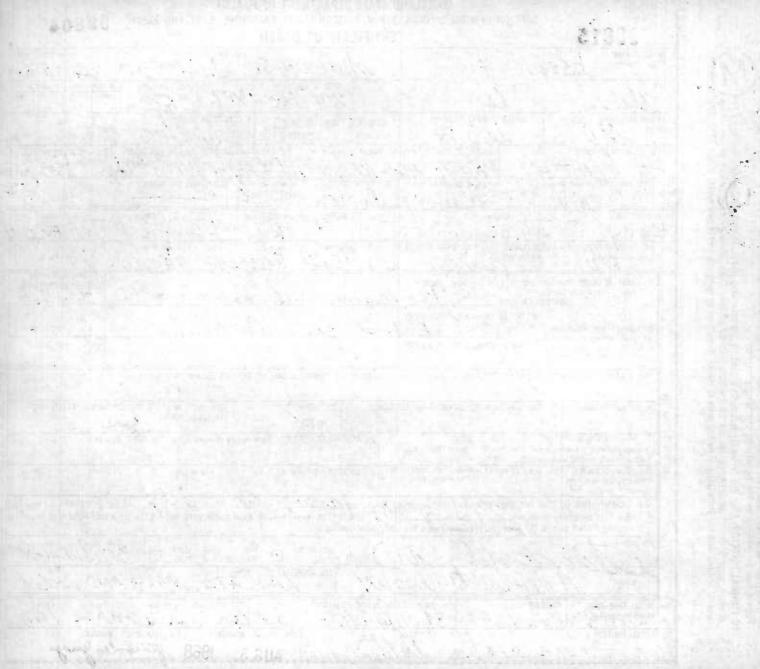


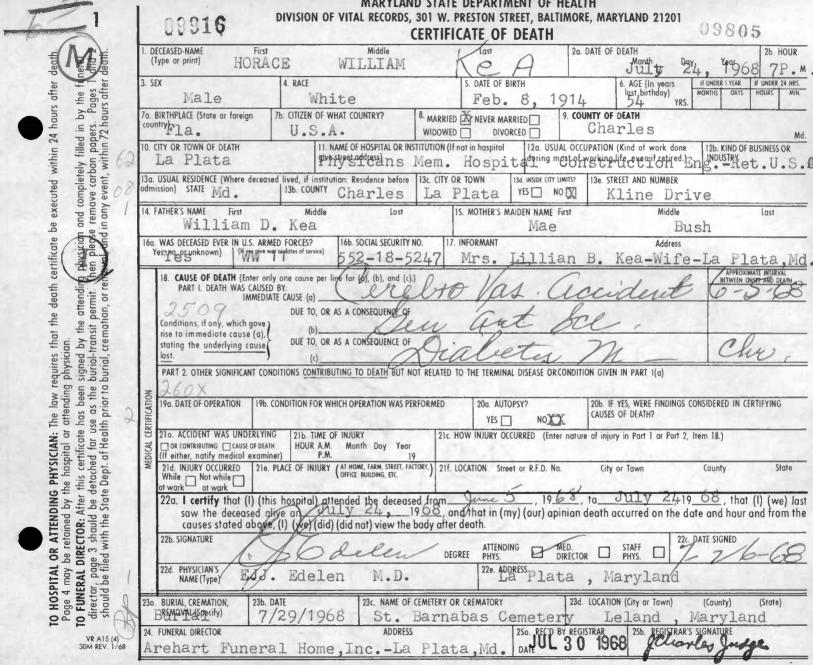
1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		tem#6, FilmG402 7/11/68km CERTIFICATE OF DEATH 19914 09803	
		EASED-NAME First Middle HUNTY 20. DATE OF DEATH GEOSCHOOL PROPERTY OF DEATH GEOSCHOOL	12
	3. SE	Male 4. RACE White 5. DATE OF BIRTH Dec. 21, 1910 6. AGE (In yeors le under 1 YEAR if UNDER 1 YEAR) MONTHS DAYS HOURS 7 YRS.	24 HRS. MIN.
	coun	WIDOWED DIVORCED TO STATE OF THE STATE OF TH	Mc
2	10. C	IT OR TOWN OF DEATH La Plata 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 13. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 14. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 15. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)	OR
8	13o. odmi	STATE Md 13b. COUNTY Charles Waldorf Waldorf 13d. INSIDE CITY UMITS? 13e. STREET AND NUMBER 13b. COUNTY 13b.	
1	14. F	THER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost	
	160	Joseph Huntt Helena Winkler WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	
	Y	s, no. or unknown) (If yes give wor or doles of service) 217 36 76/1 Mrs. Catherine I. Huntt Waldorf. Md.	
	NION	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING	
2	CERTIFICATION	YES NO CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.)	
	MEDICAL (□ OR CONTRIBUTING □ CAUSE OF DEATH HOUR A.M. Month Doy Yeor	
THE PERSON NAMED IN		21d. INJURY OCCURRED While Not while to twork 22a. I certify that (I) (this hospital) attended the deceased from and that in (my) (our) apinion death occurred on the date and hour and frocauses stated above. (We) (drd) (did not) view the body after death.	
1		22b. SIGNATURE DEGREE PHYS.	3
		BURIAL, CREMATION, PRINCIPLE ST. JOSEPHS 23d. LOCATION (City or Town) (County) (Stote Pomfret Charles Md.)
		uneral Director ADDRESS 250. RECID BY REGISTRAR 251. REGISTRAR'S SIGNATURE THE FUNCTION OF THE PROPERTY OF	
1	III	THOU P WILLIAM WALLOUT, WG. 20001	

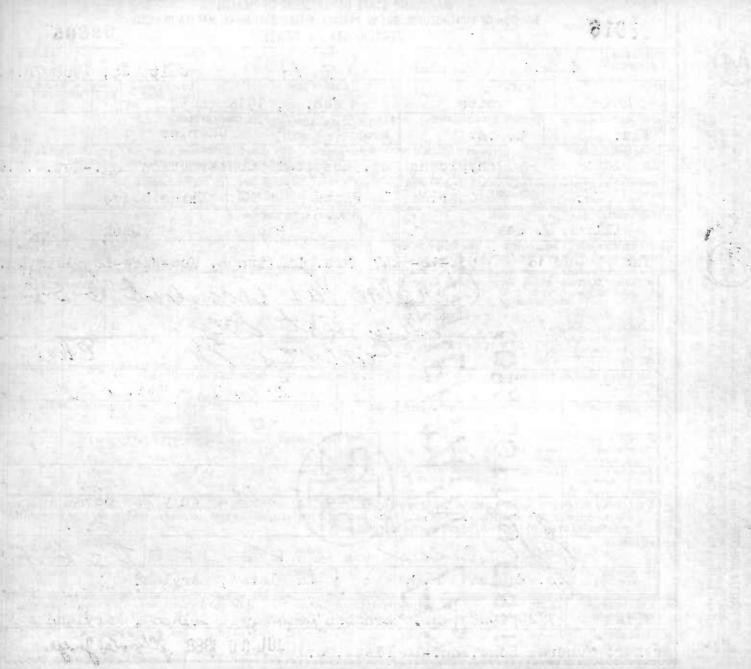


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09804 CERTIFICATE OF DEATH DECEASED-NAME Middle 20. DATE OF DEATH 2b. HOUR (Type or print) 3. SEX 4. RACE S. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. within 24 haurs after ve carban papers. Pages I event, within 72 hours after last birthday) HOURS YRS. 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 17 NEVER MARRIED filled in country) WIDOWED DIVORCED [Md. 10. CUTY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12of USUAL OCCUPATION (Kind of work dome) 12b. KIND OF BOSINESS OR give street oddress) during host of working life, even y retired. **INDUSTRY** 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER execuited admission) STATE 136. COUNTY NOP burial, crematian, ar remaval, and in any 14. FATHER'S NAME lease rem Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle duo be physician requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. INFORMANT Address Yes, no, or unknown) (If yes give war ar dates of service), APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE? Conditions, if ony, which gove) signed by the burial-transit rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital ar attending physician.

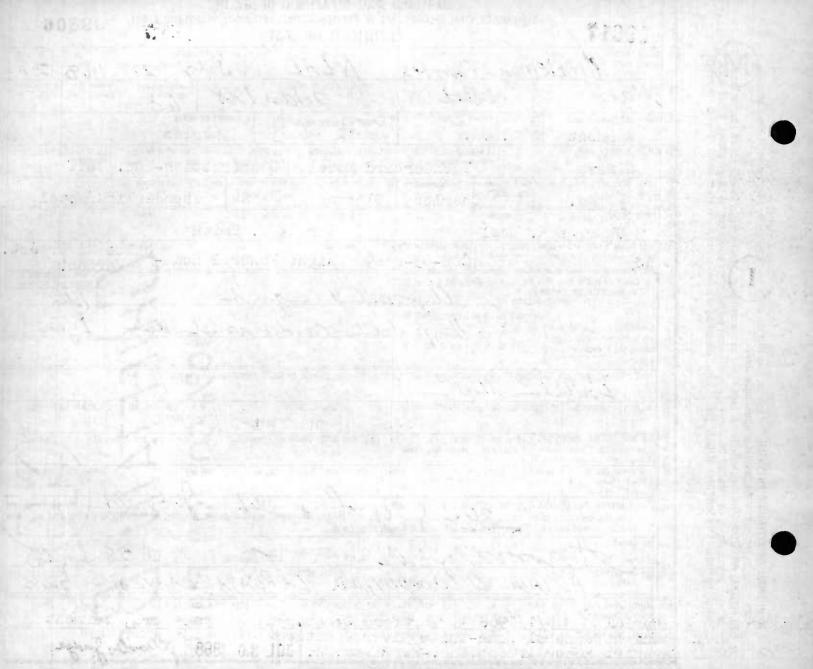
O FUNERAL DIRECTOR: After this certificate has been signed by stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 shauld be detached far use as the should be filed with the State Dept. of Health priar ta 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a, AUTOPSY? CAUSES OF DEATH? YES Z NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 220. I certify that (I) (this hospital) attended the deceased from Handia, 1968, to May, 1966, that (I) (we) lost saw the deceased alive an Handia and from the causes stated above, (1) (we) (did) (did not) view the bady ofter death. 22b. SIGNATURE **ATTENDING** DEGREE PHYS. DIRECTOR 22d PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town 230. BURIAL CREMATION (County) 2 FUNERAL DIRECTOR ADDRESS 2Sb. REGISTRAR'S VR A15 (4) 30M REV. 1×68







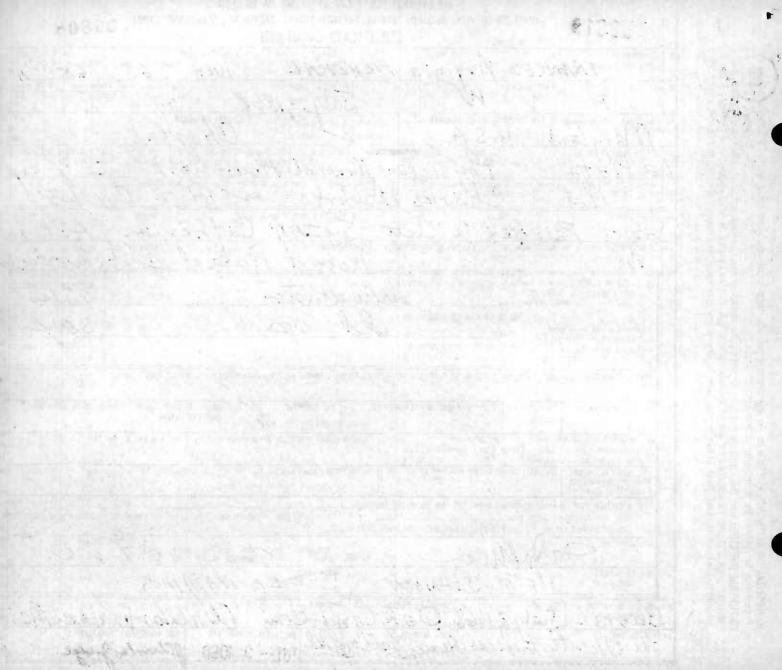
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09806 CERTIFICATE OF DEATH Middle DECEASED-NAME 2g. DATE OF DEATH 2b. HOUR (Type ar print) Manth arles 4. RACE 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS remove carbon papers. Pages in any event, within 72 hours ofter S. DATE OF BIRTH Note be executed within 24 hours after last wirthday) MONTHS DAYS HOURS YRS 9. COUNTY OF DEATH 7a, BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED country) .= U.S.A. Charles WIDOWED X DIVORCED [ermont Md filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street address) der during most of working life even if retired). INDUSTRYT Glasva Motel completely 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY YES NO Thunderbird Motel Charles Glasva 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle puo Bertha L. Smith Charles A. Neal and 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Addressi te River Yes no, ar unknawn) (If yes give war or dates of service) 008-03-6189 Knight Funeral Homesigned by the attending physi burial-transit permit. Then pl burial, cremation, or removal, Vermont certif 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY requires that the death IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER, SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 should be detached for use as the should be filed with the Stote Dept. of Health prior to O HOSPITAL OR ATTENDING PHYSICIAN: The low CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 20a. AUTOPSY? has CAUSES OF DEATH? NO TE YES 🗀 TO FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased fram_ 1968, and that in (My) (our) apinion death occurred on the date and have and from the saw the deceased alive an_ be retained causes stated abave, (1) (ave) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE MED. DIRECTOR PHYS. PHYSICIAN : 22e. ADDRESS 22d. NAME (Type) 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) Hartford, Vermont Hartford Cemetery Home-WhitADDRESsiver JunctitorREC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. KUNETAL DIRECTOR Funeral VR A15 (4) JUL 30 Funeral Home. Inc .- La Plata. Md. 30M REV, 1/68



		15	ems 21a-21f film 403MARYLAND STATE DEPARTMENT OF HEALTH -31-60 mt DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	9807
1	FOR STATE		tem2a, FilmGLO3 7/3MEDICAD EXAMINER'S CERTIFICATE OF DEATH 19913	3001
	HEALTH DEPT.		DECEASED-NAME First Middle Lost 20 DATE KNOWN Months (Type or Print)	Pay Year Sh HOUR
	= 4 M	L	Norma Jean Patterson DEATH MATED □ 1/4/1/8	458/ 19 45W M
	y deloy and 3.		Fenale Colored Oct 6-1960 8 ost birthday) A RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD Month 7 Dayl 7-	Y68 2d. HOUR 8AM
4	J, 2, m Pl Depai		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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	ofter death. In de 3. Give Poges 1, 2, an along with form PM3. with the State Departmeeth.	0	vbnIndian Hea d Md give street oddress)	26. KIND OF BUSINESS OR NDUSTRY NOne
	of alco	8 T	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 110Woodland	Drive
	1 hours 1 tem 18 1 Office 1 ond 2 after d	14.	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
		T	ouis J. Patterson Norma May Patterson	
	hin ncil ninel page hau		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dotes of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Norma May Patterson-Indian Common May Patterson-Indian	Head- Mothe
	ed with the lin per le Exore l		IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	pending in Medical E sit permit F sit permit F kent within		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (Drowning	Immediate
	"pendi	1	9/00 DUE TO, OR AS A CONSEQUENCE OF	
	chie rans		Conditions, if ony, which gove rise to immediate couse (o), (b) Accidental Submersion	15-5-5-6-5-6-6
	shauld be executed e word "pending" of the Chief Medical ouriol-transit manning in ony event witki		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
	s certificate s e, writing the forwarded to used os a bu emoval, and i		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
	ertificate writing th warded to sed os a k	Z	9298	
	This certific icate, writin be forward d be used o or removal,	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
	ER: This certificate, ould be fees.	A E		YES NO
2	## P 0		210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Month, Doy, Yeor HOUR A.M. 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item	n 18.)
	NER shoushout files shou otion	MEDICAL	CAUSE OF DEATH P.M. 7-16 19 68 Accidental Drowning 21d. INJURY OCCURRED 21e, PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Jown	County Stote
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	ecute ecute Poge or y R: Pog	8	22a. I certify that I taak charge of the remains described above, held an Autapsy , Inspection ** Inquiry ** I	
	TO TO		death resulted fram: Natural causes , Acidentx , Suicide , Hamicide , Undetermined manner	
	pleose e la director retoined L DIRECT	+	CHIEF MEDICAL EXAMINER	
	SSORY, p funeral by be re INERAL th prio	T	SIGNATURE AND ASSISTANT MEDICAL EXAMINER 22b. DATE SI	
	o DEPUTY necessory, the funera 5 moy be 0 FUNERA Health pr			8-68 n Head Md
	necessory, pleose the funeral directors may be retained to FUNERAL DIRECTOR Health prior to be	23	GURING CREMATION, 23b. VATE / 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town).	(County) (State)
		L	REMOVAL (Specify) 17/20/1968 ST. MARY STARR Of SEA INDIAN, HEAD	. Md
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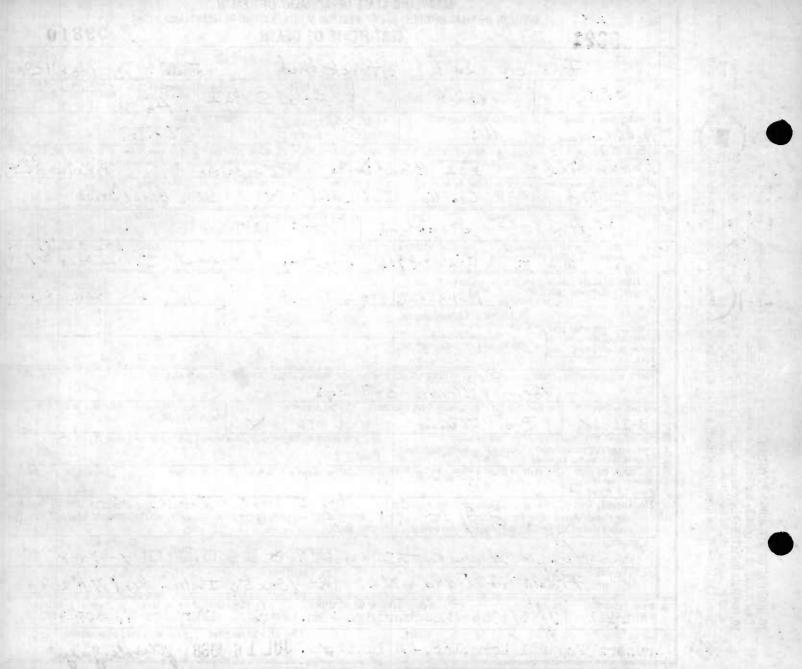
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		MARYLAND STATE DEPARTMENT OF HEALTH	
1		09919 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	9808
		CERTIFICATE OF DEATH	
-24 -24		ECEASED-NAME First Middle Lost 20. DATE OF DEATH Type or print) FRANCE Was a PICTURE AL Month Day	2b. HOUR
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ond ca	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	A tom
PHYSICIAN: The law requires that the death certificate be executed within he haspital ar attending physician. This certificate has been signed by the attending physician ond campletely fills to certificate that he burial-transit permit. Then please remave carbon postached far use as the burial-transit permit. Then please remave carbon postached far use as the burial, crematian, ar removal, and in any event, within Dept. af Health priar to burial, crematian, ar removal, and in any event.		. WAS DECASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Picker of Region Address Pt. 18 18 18 18 18 18 18 18 18 18 18 18 18	Waldorfy
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G PHYSICIAN: The law re the haspital ar attending this certificate has been defacthed far use as the defacthed the haspiar ta	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH?	ERED IN CERTIFYING
CIAN: 1 ital ar rificate I far us if Healt	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) 21b. TIME OF INJURY HOUR A.M. Manth Day Year P.M. 19	18.)
G PHYSICIAI the haspital this certifice detached fai te Dept. af Ho	MEC		unty State
by the ffer the deed be deed State		22a. I certify that (I) (this haspital) attended the deceased from 19 , 19 , ta 19	, that (i) (we) las
TEND ined OR: A auld the		saw the deceased alive an19, and that in (my) (aur) apinian death accurred an the date at causes stated above, (I) (we) (did) (did nat) view the bady after death.	nd haur and fram the
OR ATTENDING PHYS be retained by the hast DIRECTOR: After this cet ga 3 shauld be detache led with the State Dept.		22b. SIGNATURE DEGREE PHYS.	SIGNED 6 - 68
PITAL O 1 may be ERAL DIR ar, page d be filed		22d. PHYSICIAN'S NAME (Type) (F.M. JOHNSON 22e. ADDRESS LA PLATAMY	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law ranged 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar to	230	SURIAL, CREMATION, 23b. DATE 286, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Jown) (Confemental Spacify) (July 8, 1968 2 R Land Cem Ua Coott	chas Md:
VR ALS OF	24.	FUNDAL DIRECTOR SECURITY THERE ADDRESS Waldorf Hed 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGN.	

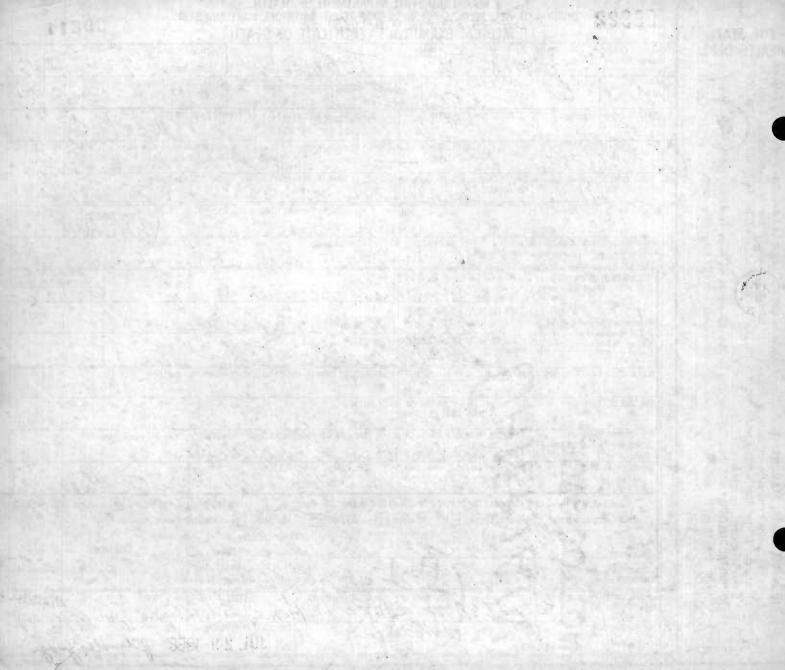


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	MARYLAND STATE DEPARTMENT OF HEALTH
,	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	19921 CERTIFICATE OF DEATH 09810
deoth.	DECEASED NAME First Middle Francis Ed. 1 Strick Und 20. DATE OF DEATH Tolk 13 1968 120p
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the otterangle physician and completely tyrled in by the funeral director, page 3 should be detacted for use as the burial-transit permit. Then please remove corbanipates, Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, derremoval, and in any event, within 72 hours after death	S. DATE OF BIRTH. SEX OTale 4. RACE 5. DATE OF BIRTH. April 5, (922 last-birthoday) 4. RACE 5. RACE 5. RACE 6. RACE HAR years 6. RACE HAR YEAR 6. RACE HAR YEAR 6. RACE HAR YEAR 6. RACE HAR Y
1 in 2 hours	To. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? No FL Ca-aliad U-S, WIDOWED DIVORCED DIVORCED
within 24	Tradicish Head give street oddress) Bland Drivs during most of working life, even if retired.
ecuted with completely ove corbor y event, with	30. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Charles Indiansion) STATE 07d. 13b. COUNTY Charles Indiansion Indi
be exe	4. FATHER'S NAME First Middle Streetland 15. MOTHER'S MAIDEN NAME First Middle Lost PEARL CLIFTON
deoth certificate be executed v transfer physician and complete fimit. Then please remove cort n, et removol, and in any event,	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (1/1985 give war or doles of service) Yes, no, or unknown)
cer The p	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH
to the total	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Molignout Brown Tomor Generals
physician. physician. signed by the ottored burial, cremotion, dern	DUE TO, OR AS A CONSEQUENCE OF
t the sit i	Canditions, if any, which gave (b) (b) (b)
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physician. signed by the c burial-tronsit p	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
ling een the r to	3 1930 Thrombophlebitio Both LEGS.
The law requires the aftending physician. hos been signed by se as the burial-troi horiar to burial, cre	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 3-26-68 Brain Temor YES NO CAUSES OF DEATH? 21c. ACCIDENT WAS UNDERLYING 121b. TIME OF INJURY 121c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 18.)
The after the house ho	3-26-68 Brain Tamor YES NO X CAUSES OF DEATH?
IAN: The law retal or attending in the ficote has been so for use as the killer the file of the priar to be the file of the fi	
SICI spite ed ted to	岩 (If either, natify medical examiner) P.M. 19
the ho this co	While Nat while of work at work
by frer be Stat	22a. I certify that (I) (this haspital) attended the deceased from 1964, ond that in (my) (our) opinion death occurred on the date and hour and from the
R: A	causes stoted obave, (1) (we) (did) (did nat) view the body after death.
Sho Start	226. DATE SIGNED
OR ATTENDING be retained by 7 DIRECTOR: After le 3 should be ed with the Stat	French A Sasan to DEGREE PHYS. B MED. STAFF DIRECTOR D PHYS. D 7-13-68
O HOSPITAL OR ATTENDING PHYSIC Page 4 moy be retoined by the hospi of FUNERAL DIRECTOR: After this certification, page 3 should be detached ishould be filed with the State Dept. of	22d. PHYSICIAN'S Front A. Susan St. D. 22e ADDRESS Rt. 1 Box 50 Indian Head old 20640
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 moy be retoined by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for u should be filed with the State Dept. of Healt	230. BURIAL, CREMATION, REMOVAL/SECTIVE 7/16/1968 Z3C. NAME OF CEMETERY OR CREMATORY Park Elkridge, Maryland
VRAIN	24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
30M REV 1 68	Arehart Funeral Home, Inc La Plata, Md . LUL 16 1968 gclorles Quese



P. Constitution	4	MARTLAND STATE DEPARTMENT OF HEALTH	
_ 3		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1. D	ECEASED-NAME Corst Middle Lost 20 DATE KNOWN COMmonth Day Year 2h b	IOUR
	(Type or Print) OF ESTI- 7 - 10 41	3
ay i 3 t Pag Pag	3. 5		HOUR
del and M3.	3. 3	Month 7 Day 2 Z Year 8 5	M
	70.	BIRTHPLACE (Stote or foreign) 7%. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH)	
	COUL	Maryland. U.S.a. WIDOWED DIVORCED [] Charles	Md.
haurs after death Item 18. Give Pages 1, Office alang with form 1 and 2 with the State	ID.	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital description of the street oddress) 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS (description) 12b. KIND)R,
Sive ng h th	130	USUAL RESIDENCE Where decesed lived, if institutions, Residence before 35 CITY OR TOWN / USUA INSIDE CITY LIMBS? 13e. STREET AND NUMBER	-
within 24 haurs after deathen pencil in Item 18. Give Paglaminer's Office alang with the pages 1 and 2 with the Stands after death.		dmission) STATE Md. 13b. COUNTY Charles O Comoc Depts-VES ENO 12 Iselywood & lac	e.
haurs Item 1 Office 1 and 2 after	14. 1	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost	
24 I in It iris (Jenjamin Julman Cecelia Milliphiller	
within 24 pencil in kaminer's ile pages 72 haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SQCIAL SECURITY NO. 17. INFORMANT ADDRESS ADDRESS	0
with per North Price North Pri	-	(es, 10) or inknown) (it yes give war or dates of service) 243-24-72 95 Margnerate Bery Tubrian Wife	
77 .= -		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: APPROXIMATE INTERVAL BETWEEN ONSET AND DEL	TH
pending in pending in the pending in the permit.		IMMEDIATE CAUSE (0)	9
ent p		Conditions, if only, which gove) DUE TO, OR AS MONSEQUENCE OF Conditions, if only, which gove)	1
d 'pe d 'pe Chief ransi		rise to immediate couse (a)	
auld he Chhe Ch		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
shauld be en ward "per a the Chief burial-transit		lost. (c) flet wefletted	
d the		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
iffica iting arde arde arde arde	NO	976 X	
is certific te, writin farward farward ie used as remaval,	CERTIFICATION	19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 2D. AUTOPSY? WAS PERFORMED?	/
This cate, be for	RTIFI	YES NO	
AINER: This he certificate, I should be far files. 3 should be used as a should be used.		210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)	
cert cert cert shat rian	MEDICAL	CAUSE OF DEATH	
XAMINER: te the cert' ge 4 shauld yaur files. 'age 3 shau crematian,	W	To a second seco	ote
L EXAMINER: seute the cert Page 4 shaul far yaur files. R: Page 3 shau ial, crematian,		WHILE AT WORK	ue
i		220. I certify that I took charge af the remains described above, held an Autopsy , Inspection , Inquiry , and in my api	nian
DEPUTY DICAL EXAM cessary, please execute the e funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page solth priar to burial, crem		death resulted from Marurol causes , Accident , Suicide , Homicide , Undefermined monner	
please e I director retained L DIRECT		CHIEF MEDICAL EXAMINER	
JTY, ple eral di be refi be refi priar		ACTUAL SIGNATURE	
Pu sar une		EXAMINER'S DEPUTY MEDICAL EXAMINER 7 - 72.6	20
TO DEPUTY COLCA necessary, please ex the funeral director. 5 may be retained of FUNERAL DIRECTOR. Health prior to bur	000	NAME (Type) ADDRESS (Street City, town, or county)	
57 - 25 - 7	230	BURIAL, CREMATION, 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) ASSINGLY 27.68 23c. NAME OF CREMATORY 23d. LOCATION (City or Town) (County) ASSINGLY 27.68	AND
	24	FUNERAL DIRECTOR () JULY 21,68 DATE OF HEAVEN SILVER SPRING, MONTGOMER FUNERAL DIRECTOR () 250. REC'D BY REGISTRAR SIGNATURE CONTROL OF THE PROPERTY OF THE PR	*
VR ATSME (3)	()	oseph Hawlers Son Warning of Date JUL 29 1968 Colonlar Quesa	Y
10M REV. 1/68	X	Just 10 to 100 frances funda	



MARYLAND STATE DEPARTMENT OF HEALTH